

**The Commonwealth of Massachusetts
Department of Veterans' Services
VS-1 CHECKLIST**

This Checklist Must Be Completed And Submitted To The State DVS With Every VS-1 Submission

Date of Application

State Case Number

Name of Applicant

City/Town

<u>I. Documents That Must Be Submitted With Every VS-1 to DVS, If Applicable To Case</u>	<u>Yes</u>	<u>No</u>	<u>Not Applicable</u>
---	-------------------	------------------	------------------------------

DD Form 214 / Separation Document
Marriage Certificate
Birth Certificate (Adoption Papers)
Death Certificate
Divorce Documents
Income Verification for Applicant
Income Verification for Spouse
Shelter Allowance Verification
Assignment or Liens

<u>II. Documentation Required To Be Maintained at Local VSO/Agent Office</u> (Do not submit to State unless requested.)	<u>Yes</u>	<u>No</u>	<u>Not Applicable</u>
--	-------------------	------------------	------------------------------

Agreement to Reimburse
Release of Information
"Computer Match" Consent Form for Applicant
"Computer Match" Consent Form for Spouse
Notice of Determination
Medical Reports
Job Searches

<u>III. Special Documentation To Be Submitted To State DVS</u>	<u>Yes</u>	<u>No</u>	<u>Not Applicable</u>
---	-------------------	------------------	------------------------------

Income Tax Records (Self-employed)
Child School Verification
Notice of Intent
Notice of Action
Sale or Purchase of Property (within last 3 years)
Trust Fund Records
Other (explain): _____

THIS BLOCK
FOR STATE DVS USE ONLY

THIS BLOCK
FOR STATE DVS USE ONLY

I certify that all documents required to be maintained at the "Local VSO/Agent Office" (Block "II" above) are maintained in this local Veterans' Services Department Office, and are on hand and available upon request by the State DVS.

Date: _____

Signature of Veterans' Services Officer/Agent: _____

Printed Name of Veterans' Services Officer/Agent: _____